

# Preface

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## Intended Audience

The Washington State Department of Health TB Program has compiled these guidelines and reference documents from experts in the field, Local Health Jurisdictions (LHJs), hospital infection control departments, and primary health care providers both statewide and nationally. It is intended for use by all levels of health care providers including LHJs, primary care providers, correctional facilities, tribal health agencies and infection control staff.

The guidelines presented in this reference document will provide an overview of current practice standards for the prevention, treatment and control of TB.

## Purpose of Guidelines

The challenge at present for TB prevention and control is to halt the spread of TB disease and the development of drug-resistant strains of *Mycobacterium tuberculosis* (TB).

These guidelines and the references provided are intended to assist the user in the following TB control area:

1. Identify persons who have TB disease. Ensure that appropriate therapy is initiated and completed.
2. Perform effective contact investigations, which consist of:
  - Identifying persons who have been in contact with infectious TB
  - Screening contacts to determine whether they have TB infection or disease
  - Providing appropriate therapy when indicated
3. Screen persons at high risk for the development of TB disease, which consists of:
  - Identifying high risk populations and subgroups within a community
  - Identifying those infected with TB
  - Providing treatment for latent TB infection (LTBI) as indicated

Screening is a lower priority activity than either case finding, completion of therapy or contact follow-up, and should be undertaken only after consideration of overall costs and benefits to TB prevention and control programs.

# Department of Health and Local Health Jurisdiction Responsibilities

Local Health Jurisdiction authority is defined in State Law **RCW 70.28.005 Health officials, broad powers to protect public health.** To protect the public's health, it is the intent of the legislature that local health officials provide culturally sensitive and medically appropriate early diagnosis, treatment, education, and follow-up to prevent TB.

Local health jurisdictions are responsible for finding cases through screening activities and reports from health care providers. **All practicing physicians are required by Washington state law to report all suspects and cases of TB to their local authorities immediately (RCW 70.28.010 and WAC 246-101); in turn, local health authorities are required to report to the State TB Program within 7 days (WAC 246-101).**

## **Local Health Jurisdictions manage the following:**

- Receive and investigate the reports of all suspected and confirmed cases of TB in their jurisdiction
- Provide staff to make home visits to individuals for the purpose of contact investigation, follow-up, direct supervision of medication and other case management services.
- Provide or assure screening of high risk populations for TB infection
- Offer treatment of latent TB Infection (LTBI) when appropriate and ensure completion of therapy
- Collect and maintain statistics relative to TB disease, TB infection and drug resistant TB
- Provide community education regarding TB treatment, prevention and control
- Act as liaison and resource agency to interpret TB services to groups, agencies and other professional disciplines
- Provide (either directly or through agreement, contract or purchase) hospital, nursing home and other appropriate facilities and services including laboratory services for suspected or confirmed cases of TB

## **State Department of Health's Responsibilities:**

### TB Elimination Program Activities

#### 1. Surveillance, Planning and Evaluation

- Design and conduct active surveillance evaluation activities for complete and timely reporting of TB cases and suspected cases
- Ensure the maintenance of a secured TB registry of all reported TB cases
- Transmit data and report all verified cases of TB to the Centers for Disease Control and Prevention
- Conduct epidemiologic analyses of surveillance register, patient screening and treatment of LTBI

## 2. Prevention, Control and Elimination Services

- Continue to direct resources to ensure adherence to and the completion of therapy for TB patients and implement outreach and contact follow-up activities for all newly reported cases and suspected cases
- Assure availability of TB diagnostic, treatment, and prevention services
- Conduct cohort reviews of reported cases and contacts and provide analyses to guide programmatic evaluation

## 3. Training, Education and Community Partnerships

- Work with correctional facilities and other public and private institutions, community-based and managed health care organizations, and other health care providers, to plan, implement, and conduct TB screening, treatment, and treatment of LTBI among populations at high risk for TB
- Routinely assess the performance and training needs of staff who provide TB services and provide training as needed

## 4. Epidemiologic Studies, Applied and Operational Research and Evaluation Studies

- Participate in epidemiologic studies to describe TB incidence
- Conduct research (Public Health Laboratory) to improve and develop rapid methods of isolation and identifying *Mycobacterium tuberculosis*
- Investigate and evaluate (1) current and alternative methodologies for the evaluation of TB prevention, control, and elimination activities, and (2) provider and patient barriers to care and adherence to TB prevention and treatment guidelines